

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-018320

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 35

Primary Registration District No. 3011

Registrar's No. 58

FILED MAY 22 1962

1. PLACE OF DEATH

a. COUNTY

Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Carrollton

Length of stay in 1b  
37 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Carroll Co. Memorial

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Carroll

c. CITY  
OR TOWN

Norborne R.F.D.

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS

6 Mi. N. of Norborne

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HENRY

LOUIS RENZELMAN

4. DATE  
OF DEATH

Month

Day

Year

May 13 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-31-1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Carroll Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Rengelman

13b. MOTHER'S MAIDEN NAME

Caroline Sanbos

14. NAME OF HUSBAND OR WIFE

Helena Rengelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes W.W.I.

16. SOCIAL SECURITY NO.

17. INFORMANT  
Mrs. Helena Rengelman, Norborne, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia Bilateral

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Septicemia

6 to 7 days

DUE TO (c)

Severe decubital ulcers

7 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

General Debility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-15-61 to 5-13-62 and last saw her alive on 5-12-62

Death occurred at 9:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John L. Vinyard M.D.

22b. ADDRESS

1407 No Jefferson  
Carrollton, Mo.

22c. DATE SIGNED

5-14-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

5-15-1962

23c. NAME OF CEMETERY OR CREMATORY

Fairhaven Cem.

23d. LOCATION (City, town, or county)

Norborne Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gibson Funeral Home, Norborne, Mo.

25. DATE RECD. BY LOCAL REG.

5-15-62

26. REGISTRAR'S SIGNATURE

Will Moore Kemp

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

DATE AMENDED

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JUN 12 1962

MAY 23 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bern W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.